

United States Department of Agriculture



Natural Resources Conservation Service
1105 E. Jackson Blvd.
Jonesborough, TN 37659

Full file

July 6, 2009

Erin O'Brien
TDEC-WPC
401 Church Street
6th Floor L&C Annex
Nashville, TN 37243

Dear Ms. O'Brien:

This letter is to inform you that Mr. J. Douglas Fox of Washington County, TN is currently in contract with the Natural Resources Conservation Service for the development of a Comprehensive Nutrient Management Plan. This contract is valid for one year. Starting date for the contract was June 22, 2009. I am aware that Mr. Fox's Class I CAFO expires at the end of February 2010. I anticipate that the CNMP will be completed and implemented by a deadline set by Mr. Fox of December 31, 2009. This will provide sufficient time to provide copies to your office along with providing copies to Mr. Sam Marshall with the Tennessee Department of Agriculture. If anymore information is needed of questions need to be answered, please feel free to contact me at (423) 753-2192 Ext. 3 or (423) 276-8506.

Sincerely,

A handwritten signature in cursive script that reads "Greg Quillen".

Greg Quillen
District Conservationist
Washington & Unicoi Counties

RECEIVED
JUL 21 2009
Permit Section

Helping People Help the Land

An Equal Opportunity Provider and Employer

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14 15</td> </tr> </table>	S		T/A	C	F			D	1	2	13	14 15																																										
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LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																																						
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II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .																																																								
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VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
C	7	0	2	5	(specify)	C	7		(specify)
15	16	17	18	19		15	16	17	18
C. THIRD					D. FOURTH				
C	7				(specify)	C	7		(specify)
15	16	17	18	19		15	16	17	18
VIII. OPERATOR INFORMATION									
A. NAME								B. Is the name listed in Item VIII.A also the owner?	
C	8	J	D	O	U	G	L	A	S
15	16	17	18	19	20	21	22	23	24
								YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)								D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				A	
				P				4232573337	
								15 16 17 18 19 20 21 22 23 24	
E. STREET OR P.O. BOX									
180 BREEZY HILL LANE									
28 29 30 31 32 33 34 35 36 37									
F. CITY OR TOWN					G. STATE	H. ZIP CODE	IX. INDIAN LAND		
C	B	L	I	M	E	S	T	O	N
15	16	17	18	19	20	21	22	23	24
					TN	37681	Is the facility located on Indian lands? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
					40	41	42	43	44
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C	T	I			C	T	I		
9	N	T	N	A	9	P			
15	16	17	18	19	30	31	32	33	34
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C	T	I			(specify)				
9	U								
15	16	17	18	19					
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C	T	I			(specify)				
9	R								
15	16	17	18	19					
XI. MAP									
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.									
XII. NATURE OF BUSINESS (provide a brief description)									
This business produces broiler chickens and also custom spread chicken litter for use as fertilizer.									
XIII. CERTIFICATION (see instructions)									
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.									
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED	
J. DOUGLAS FOX					J. Douglas Fox			7-10-09	
COMMENTS FOR OFFICIAL USE ONLY									
C									
15	16	17	18	19	20	21	22	23	24

EPA I.D. NUMBER (copy from Item 1 of Form 1)

FORM 2B NPDES	EPA U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATIONS FOR PERMIT TO DISCHARGE WASTEWATER CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES			
I. GENERAL INFORMATION Applying for: Individual Permit <input type="checkbox"/> Coverage Under General Permit <input checked="" type="checkbox"/>				
A. TYPE OF BUSINESS	B. CONTACT INFORMATION		C. FACILITY OPERATION STATUS	
<input checked="" type="checkbox"/> 1. Concentrated Animal Feeding Operation (complete items B, C, D, and Section II) <input type="checkbox"/> 2. Concentrated Aquatic Animal Production Facility (complete items B, C, and section III)	Owner/or Operator Name: <u>J. Douglas Fox</u> Telephone: <u>(423) 257-3337</u> Address: <u>180 Breezy Hill Lane</u> Facsimile: () City: <u>Limestone</u> State: <u>TN</u> Zip Code: <u>37681</u>		<input checked="" type="checkbox"/> 1. Existing Facility <input type="checkbox"/> 2. Proposed Facility	
D. FACILITY INFORMATION Name: <u>J. Douglas Fox</u> Telephone: <u>(423) 257-3337</u> Address: <u>180 Breezy Hill Lane</u> Facsimile: () City: <u>Limestone</u> State: <u>TN</u> Zip Code: <u>37681</u> County: <u>Washington</u> Latitude: <u>36° 9' 45" N</u> Longitude: <u>-82° 35' 45" W</u> If contract operation: Name of Integrator: <u>Koch Foods, INC.</u> Address of Integrator: <u>4404 W. Berteau Ave. Chicago, IL 60641</u>				
II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS				
A. TYPE AND NUMBER OF ANIMALS		B. Manure, Litter and/or Wastewater Production and Use		
2. ANIMALS		a) How much manure, litter and wastewater is generated annually by the facility? <u>1400</u> tons gallons b) If land applied how many acres of land under the control of the applicant are available for applying the CAFOs manure/litter/wastewater? <u>40</u> acres c) How many tons of manure or litter, or gallons of wastewater produced by the CAFO will be transferred annually to other persons? <u>(circle one) 1400</u> tons		
1. TYPE	NO. IN OPEN CONFINEMENT			NO. HOUSED UNDER ROOF
<input type="checkbox"/> Mature Dairy Cows				
<input type="checkbox"/> Dairy Heifers				
<input type="checkbox"/> Veal Calves				
<input type="checkbox"/> Cattle (not dairy or veal)				
<input type="checkbox"/> Swine (55 lbs. or over)				
<input type="checkbox"/> Swine (under 55 lbs.)				
<input type="checkbox"/> Horses				
<input type="checkbox"/> Sheep or Lambs				
<input type="checkbox"/> Turkeys				

<input checked="" type="checkbox"/> Chickens (Broilers)		220,000
<input type="checkbox"/> Chickens (Layers)		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other Specify _____		
3. TOTAL ANIMALS		220,000

C. ☐ TOPOGRAPHIC MAP

D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY

1. Type of Containment	Total Capacity (in gallons)
<input type="checkbox"/> Lagoon	
<input type="checkbox"/> Holding Pond	
<input type="checkbox"/> Evaporation Pond	
<input checked="" type="checkbox"/> Other: Specify <u>DRY STACK</u>	101,607 ft ³

2. Report the total number of acres contributing drainage: _____ acres

3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Aboveground Storage Tanks		
<input type="checkbox"/> Belowground Storage Tanks		
<input checked="" type="checkbox"/> Roofed Storage Shed	260	987 tons
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		

E. NUTRIENT MANAGEMENT PLAN

A. Has a nutrient management plan been developed? ☒ Yes ☐ No

B. Is a nutrient management plan being implemented for the facility? ☒ Yes ☐ No

C. If no, when will the nutrient management plan be developed? Date: _____

D. The date of the last review or revision of the nutrient management plan. Date: _____

E. If not land applying, describe alternative use(s) of manure, litter and or wastewater:

F. LAND APPLICATION BEST MANAGEMENT PRACTICES Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality: <input checked="" type="checkbox"/> Buffers <input checked="" type="checkbox"/> Setbacks <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Infiltration field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace					
III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS					
A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow.			B. Indicate the total number of ponds, raceways, and similar structures in your facility.		
1. Outfall No.	2. Flow (<i>gallons per day</i>)		1. Ponds	2. Raceways	3. Other
	a. Maximum Daily	b. Maximum 30 Day	C. Provide the name of the receiving water and the source of water used by your facility.		
			1. Receiving Water		2. Water Source
D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.					
1. Cold Water Species			2. Warm Water Species		
a. Species	b. Harvestable Weight (<i>pounds</i>)		a. Species	b. Harvestable Weight (<i>pounds</i>)	
	(1) Total Yearly	(2) Maximum		(1) Total Yearly	(2) Maximum
E. Report the total pounds of food during the calendar month of maximum feeding.			1. Month	2. Pounds of Food	
IV. CERTIFICATION					
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>					
A. Name and Official Title (<i>print or type</i>) J. Douglas Fox			B. Phone No. (423-257-3337)		
C. Signature <i>J. Douglas Fox</i>			D. Date Signed 7-10-09		

INSTRUCTIONS

GENERAL

This form must be completed by all applicants who check "yes" to Item II-B in Form 1. Not all animal feeding operations or fish farms are required to obtain NPDES permits. Exclusions are based on size. See the description of these statutory and regulatory exclusions in the General Instructions that accompany Form 1.

For aquatic animal production facilities, the size cutoffs are based on whether the species are warm water or cold water, on the production weight per year in harvestable pounds, and on the amount of feeding in pounds of food (*for cold water species*). Also, facilities which discharge less than 30 days per year, or only during periods of excess runoff (*for warm water fish*) are not required to have a permit.

Refer to the Form 1 instructions to determine where to file this form.

Item I-A

See the note above and the General Instructions which accompany Form 1 to be sure that your facility is a "concentrated animal feeding operation" (CAFO).

Item I-B

Use this space to give owner/operator contact information.

Item I-C

Check "proposed" if your facility is not now in operation or is expanding to meet the definition of a CAFO in accordance with the information found in the General Instructions that accompany Form 1.

Item I-D

Use this space to give a complete legal description of your facility's location including name, address, and latitude/longitude. Also, the if a contract grower, the name and address of the integrator.

Item II

Supply all information in item II if you checked (1) in item I-A.

Item II-A

Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12 month period. Provide the total number of animals confined at the facility.

Item II-B

Provide the total amount of manure, litter and wastewater generated annually by the facility. Identify if manure, litter and wastewater generated by the facility is to be land applied and the number of acres, under the control of the CAFO operator, suitable for land application. If the answer to question 3 is yes, provide the estimated annual quantity of manure, litter and wastewater that the applicant plans to transfer off-site.

Item II-C

Check this box if you have submitted a topographic map of the geographic area in which the CAFO is located showing the specific location of the production area.

Item II-D

1. Provide information on the type of containment and the capacity of the containment structure (s).

2. The number of acres that are drained and collected in the containment structure (s).

3. Identify the type of storage for the manure, litter and/or wastewater. Give the capacity of this storage in days and gallons or tons.

Item II-E

Provide information concerning the status of the development and implementation of a nutrient management plan for the facility. In those cases where the nutrient management plan has not been completed, provide an estimated date of development and implementation. If not land applying, describe the alternative uses of the manure, litter and wastewater (e.g., composting, pelletizing, energy generation, etc.).

Item II-F

Check any of the identified conservation practices that are being implemented at the facility to control runoff and protect water quality.

Item III

Supply all information in Item III if you checked (2) in Item I-A.

Item III-A

Outfalls should be numbered to correspond with the map submitted in Item XI of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30-day flow is the average of measured daily flow over the calendar month of highest flow. The long-term average flow is the average of measure daily flows over a calendar year.

Item III-B

Give the total number of discrete ponds or raceways in your facility. Under "other," give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to waters of the United States.

Item III-C

Use names for receiving water and source of water which correspond to the map submitted in Item XI of Form 1.

Item III-D

The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society. "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.

Item III-E

The value given for maximum monthly pounds of food should be representative of your normal operation.

Item IV

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(C)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

Federal regulations require the certification to be signed as follows:

- For corporation, by a principal executive officer of at least the level of vice president.
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

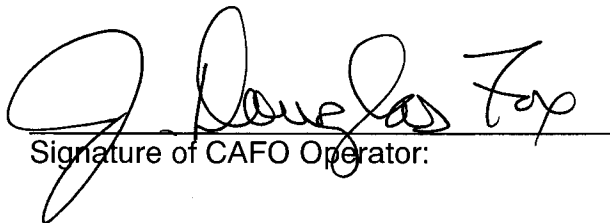
Paper Reduction Act Notice

The Public reporting burden for this collection of information estimated to average 4 hours per response. The estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Washington, D.C. 20460, and the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, marked Attention: Desk Officer for EPA.

Addendum to Nutrient Management Plan:

By my signature below, I affirm that I have read, understand, and will comply with the following stipulations from Tennessee's CAFO rule (1200-4-5-.14) that apply to my CAFO operation.

- 1) All clean water (including rainfall) is diverted, as appropriate, from the production area.
- 2) All animals in confinement are prevented from coming in direct contact with waters of the state.
- 3) All chemicals and other contaminants handled on-site are not disposed of in any manure, litter, process wastewater, or storm water storage or treatment system unless specifically designed to treat such chemicals and other contaminants.
- 4) All sampling of soil and manure/litter is conducted according to protocols developed by UT Extension.
- 5) All records outlined in 1200-4-5-.14(16)d-f will be maintained and available on-site.
- 6) Any confinement buildings, waste/wastewater handling or treatment systems, lagoons, holding ponds, and any other agricultural waste containment/treatment structures constructed after April 13, 2006 are or will be located in accordance with NRCS Conservation Practice Standard 313.
- 7) Drystacks of manure or stockpiles of litter are always kept covered under roof or tarps.
- 8) An *Annual Report* will be written for my operation and submitted between January 1 and February 15 of each year. It will include all information required by rule [1200-4-5-.14(16)g].


Signature of CAFO Operator:

7-10-09
Date:

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Permit Section